

# Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RR	10029	11/3/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/22/01
2	✓	✓	12/22/01
3	✓	✓	12/22/01
4	✓	✓	12/22/01
5	✓	✓	12/22/01
6	✓	✓	12/22/01
7	✓	✓	12/22/01
8	✓	✓	12/22/01
9	✓	✓	12/22/01
10	✓	✓	12/22/01
11	✓	✓	12/22/01
12	✓	✓	12/22/01
13	✓	✓	12/22/01
14	✓	✓	12/22/01
15	✓	✓	12/22/01
16	✓	✓	12/22/01
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25	✓	✓	12/22/01
26	✓	✓	12/22/01
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28	✓	✓	12/22/01
29	✓	✓	12/22/01
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42	✓	✓	12/22/01
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44	✓	✓	12/22/01
45	✓	✓	12/22/01
46	✓	✓	12/22/01
47	✓	✓	12/22/01
48	✓	✓	12/22/01
49	✓	✓	12/22/01
50	✓	✓	12/22/01

Claim	Final	Original	Date
51	✓	✓	12/22/01
52	✓	✓	12/22/01
53	✓	✓	12/22/01
54	✓	✓	12/22/01
55	✓	✓	12/22/01
56	✓	✓	12/22/01
57	✓	✓	12/22/01
58	✓	✓	12/22/01
59	✓	✓	12/22/01
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62	✓	✓	12/22/01
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66	✓	✓	12/22/01
67	✓	✓	12/22/01
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69	✓	✓	12/22/01
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79	✓	✓	12/22/01
80	✓	✓	12/22/01
81	✓	✓	12/22/01
82	✓	✓	12/22/01
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96	✓	✓	12/22/01
97	✓	✓	12/22/01
98	✓	✓	12/22/01
99	✓	✓	12/22/01
100	✓	✓	12/22/01

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)